

Section I		
Name –	DSHR # –	Date-
Home of Record (street address) –	Daytime phone –	
	Evening phone –	
City, State, Zip Code –	Fax # –	
	E-mail address –	
<input type="checkbox"/> Check if the above is a new address.		
ARC Unit/Div	Chapter Code	Chapter Location – <i>City and State</i>

Section II					
DR #	DR Name	Group	Activity (if applicable)	Date Assigned	Travel Date
Method of Travel — <input type="checkbox"/> POV Owner** <input type="checkbox"/> POV Passenger <input type="checkbox"/> Rental <input type="checkbox"/> ARC Vehicle <input type="checkbox"/> Air <input type="checkbox"/> Other: _____ ** POV Owner: I certify my insurance meets American Red Cross minimum automobile insurance requirements of \$50,000/\$100,000 bodily injury and \$10,000 property damages.					
_____					Owner's signature

Section III			
Card Envelope # – Use the 6 middle digit numbers seen through the staff card envelope (above the number that ends with "STFCRD" and below the Account Number).	Type – <input type="checkbox"/> MDA <input type="checkbox"/> MMI <input type="checkbox"/> ADM	Access # – Person receiving card creates 4 digit number _____	

Person Issuing Card —		
Printed Name	Signature	Title

Section IV		
I, _____ certify that I have received the Disaster Staff Card referenced above. <small>(Print name)</small>		
<input type="checkbox"/> I do not have nor am I eligible for a Corporate VISA card.		
<input type="checkbox"/> I have received and reviewed the Staff Card brochure.		
<input type="checkbox"/> I understand these funds are to be used for authorized expenses associated with my disaster relief operation assignment MDA <i>only</i> as described in the Disaster Staff Card brochure.		
<input type="checkbox"/> I understand that I am responsible for the use of this card and the funds contained therein.		
<input type="checkbox"/> I understand that any remaining funds will be returned to the disaster relief fund.		
<input type="checkbox"/> I understand that my card use is no longer authorized 24 hours after my return home.		
<input type="checkbox"/> I understand that I will be held personally responsible for any charges associated with the authorized or unauthorized use of this card and the allotted funds throughout my assignment and upon my return home.		
<input type="checkbox"/> I understand that I am to destroy the card upon my return home.		
I have read and agree to the terms and conditions described above and as stated in the Disaster Staff Card brochure.		
Printed Name:	Signature	Date